

184 West Main Street
Norton, MA 02766
508-285-9700
508-285-9957 fax

# **Letter of Transmittal**

То:	US E	Environmental Prote	ection Agency – RGP-NO	C Processing	
From:	Joe (	Callahan, ES&M			
Date:	Octo	ber 7, 2005			
Re:	CITO	GO Terminal/BELD	RGP Application (MCP D	EP Site #3-0260)	
□ Urge	ent	☑ For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle
• Com	ment				
To Who	om It N	/lay Concern:			
system being s	discha Submitt	arge under the Rented as owner (CIT)	ned NOI form(s) with back nediation General Permit   GO Petroleum Corp) and nestions or require addition	program. Please note d operator/contractor (	that the NOI forms are (ES&M), otherwise co-
Thank y	you.				
Joe Cal	llahan				
				000	1 1 2005

### B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. General site information. Please provide the	tollowing intorma	tion about the si	te:				
a) Name of facility/site: CIT60 Termin	ral/Be	ELD	Facility/site address:				
Location of facility/site: longitude:latitude:  70°58'08" 42°14'02"	Facility SIC cod	e(s):	Street: 385 Quincy Avenue				
b) Name of facility/site owner: (TEO	Petroleu	m Corp.	Town: Ba	intree, Mi	A		
Email address of owner:  DGかんにん @ Cにてるの。		State:	Zip:	County:			
Telephone no. of facility/site owner: 856-9	63-1251						
Fax no. of facility/site owner: 856-944  Address of owner (if different from site):	3-258		Owner is (check one): 1. Federal 2. State/Tribal 3. Private 4. other, if so, describe:				
Street: P.D., Box 655							
Town: Pennsauken		State:	Zip:	County:			
c) Legal name of operator/Coantractor;		Operator telep	hone no: 508 - 285-	-9700			
Environmental Strate and Manageme		Operator fax n	10.: \$5-9957	Operator email:	Operator email: JCallahan @lsm-inc.com		
Operator contact name and title:	h b. C	allalia	~ PE	pject Man			

Address of operator (if different from owner):	Street: 184 West Main St.							
Town: Worton	State:	Zip: 02766	County: Bristal					
d) Check "yes" or "no" for the following:  1. Has a prior NPDES permit exclusion been granted for the discharge? Yes No, if "yes," number:  2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes No, if "yes," date and tracking #:  3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes No  4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes No								
e) Is site/facility subject to any State permitting or other action which generation of discharge? Yes No No	umber:	f) Is the site/facility covered by any other EPA permit, including:  1. multi-sector storm water general permit? Y N_, if Y, number:  2. phase I or II construction storm water general permit? Y N_, if Y, number:  3. individual NPDES permit? Y N_, if Y, number: MA 0004783  4. any other water quality related permit? Y Nif Y, number:						
	792-7650		including:					
a) Describe the discharge activities for which the owner/applicant is  Discharge of treated effl  groundwater rem	seeking coverage	:						
following discharge points:  Average flow O.O. Is made and points:  Average flow of the unit of the un	discharge points:  Average flow O.O. Is maximum flow a design value? Y N  For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.							
3) Latitude and longitude of each discharge within 100 feet: pt.1:long pt.4:long lat. ; pt.5: long lat. ; pt.6:long	5 5 6 6 4 5. lat. g. lat.	ع ( الم						

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent or seasonal? Is discharge ongoing Yes No?							
c) Expected dates of discharge (mm/dd/yy): start 3/01/05 end 2/28/10								
d) Please attach a line drawing or flow schematic showing water flow 1. sources of intake water, 2. contributing flow from the operation,								

See attached PtiD

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for all of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing	
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation	

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g., grab)	Analytical Method	Minimum Level (ML) of	Maximum daily value		Avg. daily value	
			(1 min- imum)		Used (method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids										
2. Total Residual Chlorine										
3. Total Petroleum Hydrocarbons										
4. Cyanide		?							_	
5. Benzene		i/								
6. Toluene		/				<del> </del>		<del> </del>		
7. Ethylbenzene			-							<del>-</del> -
8. (m,p,o) Xylenes			-							
9. Total BTEX4		1								<u>-</u> -

<sup>&</sup>lt;sup>4</sup>BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method	Minimum Level (ML) of	Maximum daily	value	Avg. daily value	
		(1	(1 min- imum)	grab)	Used (method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)										
11. Methyl-tert-Butyl Ether (MtBE)	V									
12. tert-Butyl Alcohol (TBA)	V									
13. tert-Amyl Methyl Ether (TAME)	/	,		-						
14. Naphthalene		V								·
15. Carbon Tetra- chloride		/								
16. 1,4 Dichlorobenzene	1								<del></del>	
17. 1,2 Dichlorobenzene						""		,		
18. 1,3 Dichlorobenzene		/							344	
19. 1,1 Dichloroethane									-	
20. 1,2 Dichloroethane					-		<u>"</u>			
21. 1,1 Dichloroethylene		5								
22. cis-1,2 Dichloro- ethylene					, <u>-</u>			-		
23. Dichloromethane (Methylene Chloride)		/								
24. Tetrachloroethylene										

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method Used	Minimum Level (ML) of Test	Maximum daily	value	Avg. daily Valu	e
			(1 min- imum)	grab)	(method #)	Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	1								,	
26. 1,1,2 Trichloroethane	V		[							
27. Trichloroethylene	1				1	<u>.</u>			<del> </del>	<del> </del>
28. Vinyl Chloride	V									
29. Acetone	1									
30. 1,4 Dioxane		. <del>-</del> -				·				-
31. Total Phenols	V									
32. Pentachlorophenol	/									
33. Total Phthalates <sup>5</sup> (Phthalate esthers)			-							-
34. Bis (2-Ethylhexyl) Phthalate [Di- (ethylhexyl) Phthalate]										
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										- "
a. Benzo(a) Anthracene				**						
b. Benzo(a) Pyrene	レ									
c. Benzo(b)Fluoranthene	V									
d. Benzo(k) Fluoranthene		,	_			<del></del>				
e. Chrysene	V									

<sup>&</sup>lt;sup>5</sup>The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method Used	Minimum Level (ML) of	Maximum daily	value	Average daily v	alue
			(1 min- imum)	grab)	(method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene										
g. Indeno(1,2,3-cd) Pyrene										
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)								,		
h. Acenaphthene										
i. Acenaphthylene		V								
j. Anthracene						<del></del> -	<u> </u>			
k. Benzo(ghi) Perylene	1					·	-			,
I. Fluoranthene		V								
m. Fluorene		/					<del></del>			
n. Naphthalene-										
o. Phenanthrene			,							
p. Pyrene	_									
37. Total Polychlorinated Biphenyls (PCBs)	V									
38. Antimony	/				·					
39. Arsenic	1									
40. Cadmium			-			<u> </u>				
41. Chromium III			-			<del></del>				
42. Chromium VI						<del>.</del> . <u>-</u>	<del></del>			

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method	Minimum Level (ML) of	Maximum daily	value	Avg. daily value	
			(1 min- imum)	grab)	Used (method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper										
44. Lead	(									
45. Mercury	(									
46. Nickel										
47. Selenium								1	·	
48. Silver										
49. Zinc										
50. Iron										<u> </u>
Other (describe):										
						<u> </u>				

c) For discharges where <b>metals</b> are believed present, please fill out the following:	
Step 1: Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? YNN	If yes, which metals?
Step 2: For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals?  Metals:  DF:	Look up the limit calculated at the corresponding dilution factor in <b>Appendix IV.</b> Do any of the metals in the <b>influent</b> have the potential to exceed the corresponding <b>effluent</b> limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)?  Y N If "Yes," list which metals:

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:											
a) A description of the treatm	ent system, includ	ling a schematic of the	e proposed or e	xisting treatment syste	em: (See att	ached fly	rues)				
Recovery of C	ontanin	ated grow	ndwate	- from ?	7-10 pur	iping we	16 to				
a treatmen	+ 545+	en con	525th	100 oil/	water Se	paration	<b>∼</b> ,				
filtration as	Recovery of contaminated groundwater from 7-10 pumping wells to a treatment system consisting of oil water separation, filtration and granulated actuated carbon prior to discharge.										
b) Identify each applicable treatment unit (check all that apply):	unit (check all					Bag filter	GAC filter				
	Chlorination	Dechlorination	Other (please	e describe):							
c) Proposed <b>average</b> and <b>man</b> Average flow rate of discharg	kimum flow rates se <u>ち らた</u> し M	(gallons per minute) faximum flow rate of	for the discharge treatment system	ge and the <b>design flow</b> m <u>るo んみ</u> Des	rate(s) (gallons per n ign flow rate of treatn	ninute) of the treatment system 30	ient system:				
d) A description of chemical	additives being use	ed or planned to be us	sed (attach MSI	OS sheets):							
PA											
5. Receiving surface water(s).	Please provide in	nformation about the r	receiving water	(s), using separate she	ets as necessary:						
a) Identify the discharge path	way: Di	irect <u> </u>	nin facility	Storm drain	River/brook	Wetlands	Other (describe):				
b) Provide a narrative descrip											
Treated et	Fluent	water	flow:	s via	gravity	Throng	4				
Treated et	d puc	- bybyna	to	Weymon	th- For	e Rive					

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:  1. For multiple discharges, number the discharges sequentially.  2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water  The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.
d) Provide the state water quality classification of the receiving water,
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving watercfs  Please attach any calculation sheets used to support stream flow and dilution calculations.
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes No If yes, for which pollutant(s)?  Is there a TMDL? Yes No If yes, for which pollutant(s)?
6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.
a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? YesNo No No No No No No No
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?  Yes No Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes No

7. Supplemental i	nformation. :		
Please provide ar	ny supplemental information	Attach any analytical data used to support the application.	Attach any certification(s) required by the general permit.
See	attached		

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility/Site Name:

CITGO Terninal / BELD Fresphit. Collar et Manager

Contractor / Operator signature:

### B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. General site information. Please provide the following	information about the si	te:				
a) Name of facility/site: CITGO Terminal /	BELD	Facility/site address:				
Location of facility/site: longitude: latitude:  70°58′08″ 42°14′02″  51	SIC code(s):	Street: 385 Quincy Avenue				
b) Name of facility/site owner: C(TGO Petrole	um Corp.	Town: Braint	ree +			
Email address of owner: Donald Gol CC.	<b>`</b>	State:	Zip:	County:		
DGriffin @ CITGO, com		MA.	02184	Natolk		
Telephone no. of facility/site owner: \$56 - 963 -/	251					
Fax no. of facility/site owner: $556 - 963 - 25$ Address of owner (if different from site):	87	Owner is (check one): 1. Federal 2. State/Tribal  3. Private 4. other, if so, describe:				
· · · · · · · · · · · · · · · · · · ·		<u> </u>				
Street: P.O. Box 655						
Town: Pennsauken	State: N.J.	Zip: OF II O	County:	County:		
c) Legal name of operatory owner:	Operator tele	phone no:				
Donald Grillin, Jr.	856-	963 - 1251				
CITGO Petroleum Corp.	Operator fax	•				
Circo remoleum conp.	856-96	63-2587	Devittiv	(1) CITGO, com		
Operator contact name and title:	ssiffin =	Ir. / EHS.	5 Manager	,		

Address of opera	ator (if different fro	om owner):	Street:						
Town:			State:	Zip:	County:				
d) Check "yes" or "no" for the following:  1. Has a prior NPDES permit exclusion been granted for the discharge? Yes No, if "yes," number: Tracking # 77A 04I - 110  2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes No, if "yes," date and tracking #:  3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes No  4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes No									
generation of dis If "yes," please li 1. site identificat 2. permit or licen 3. state agency co	charge? Yes 1 ist: ion # assigned by t use # assigned: 9 ontact information:	e permitting or other action which No the state of NH or MA: 79 0004782 I name, location, and telephone nu	mber:	f) Is the site/facility covered by any other EPA permit, including:  1. multi-sector storm water general permit? Y N, if Y, number:  2. phase I or II construction storm water general permit? Y N if Y, number:  3. individual NPDES permit? Y N, if Y, number: HADDY 787  4. any other water quality related permit? Y N, if Y, number:					
		508-7	92-7650	ing additional sheets as needed)	including:				
a) Describe the d	2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:  a) Describe the discharge activities for which the owner/applicant is seeking coverage:  D:scharge of Treated effluent water from an TCP- related  groundwater remediation System.								
b) Provide the following information about each discharge:	1) Number of discharge points:	charge Average flow O, Ou As Is maximum flow a design value? Y							
3) Latitude and longitude of each discharge within 100 feet: pt.1:long. fat. 70; pt.2: long. lat. ; pt.3: long. lat. ; pt.3: long. lat. ; pt.4:long. lat. ; pt.5: long. lat. ; pt.6:long. lat. ; pt.7: long. lat. ; pt.8:long. lat. ; etc.									

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent or seasonal? Is discharge ongoing Yes No ?
c) Expected dates of discharge (mm/dd/yy): start 3/01/05 e	end_2/26/10
d) Please attach a line drawing or flow schematic showing water fl. sources of intake water, 2. contributing flow from the operation,	ow through the facility including: , 3. treatment units, and 4. discharge points and receiving waters(s).

See attached PAID

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for all of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample	Analytical Method	Minimum Level (ML) of	Maximum daily	value	Avg. daily value	e
			(1 min- imum)	(e.g., grab)	Used (method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids	V									
2. Total Residual Chlorine					:					
3. Total Petroleum Hydrocarbons										
4. Cyanide										
5. Benzene		1								
6. Toluene		1						-		
7. Ethylbenzene		1								
8. (m,p,o) Xylenes										
9. Total BTEX4									<del></del>	

<sup>&</sup>lt;sup>4</sup>BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

13

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method	Minimum Level (ML) of	Maximum daily	value	Avg. daily value	e
			(1 min- imum)	grab)	Used (method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)										
11. Methyl-tert-Butyl Ether (MtBE)										
12. tert-Butyl Alcohol (TBA)										i
13. tert-Amyl Methyl Ether (TAME)		(								
14. Naphthalene		1/								
15. Carbon Tetra- chloride		*								
16. 1,4 Dichlorobenzene										
17. 1,2 Dichlorobenzene	1									
18. 1,3 Dichlorobenzene										
19. 1,1 Dichloroethane										
20. 1,2 Dichloroethane										
21. 1,1 Dichloroethylene	1				_					
22. cis-1,2 Dichloro- ethylene										
23. Dichloromethane (Methylene Chloride)										
24. Tetrachloroethylene										

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method Used	Minimum Level (ML) of Test	Maximum daily	/alue	Avg. daily Value	е
			(1 min- imum)	grab)	(method #)	Method	concentration (ug/l)	mass (kg)	concentration (ug/I)	mass (kg)
25. 1,1,1 Trichloroethane	1									
26. 1,1,2 Trichloroethane										
27. Trichloroethylene	1									
28. Vinyl Chloride	V									
29. Acetone	1									
30. 1,4 Dioxane										
31. Total Phenols	1									
32. Pentachlorophenol	V	/								
33. Total Phthalates <sup>5</sup> (Phthalate esthers)	1									
34. Bis (2-Ethylhexyl) Phthalate [Di- (ethylhexyl) Phthalate]	1	·								
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	V									
a. Benzo(a) Anthracene	<i>i</i>									
b. Benzo(a) Pyrene	V						-			
c. Benzo(b)Fluoranthene	V									
d. Benzo(k) Fluoranthene	V									
e. Chrysene										

<sup>&</sup>lt;sup>5</sup>The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method Used	Minimum Level (ML) of	Maximum daily v	alue	Average daily va	ilue
			(1 min- imum)	grab)	(method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene										
g. Indeno(1,2,3-cd) Pyrene										
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	3									
h. Acenaphthene		ر ا							<u></u>	
i. Acenaphthylene		<u>`</u>								
j. Anthracene										
k. Benzo(ghi) Perylene		<i>i</i>								
l. Fluoranthene										
m. Fluorene		V		-						
n. Naphthalene-		V								
o. Phenanthrene		V	<u></u>							
p. Pyrene			. <u>-</u>							
37. Total Polychlorinated Biphenyls (PCBs)	L					:				
38. Antimony	V									
39. Arsenic	V									
40. Cadmium	1									
41. Chromium III	V									1
42. Chromium VI	V						<u></u>			

PARAMETER	Believe Absent	Believe Present	# of Samples	Type of Sample (e.g.,	Analytical Method	Minimum Level (ML) of	Maximum daily <sub>value</sub>		Avg. daily value	
			(1 min- imum)	grab)	Used (method #)	Test Method	concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper										
44. Lead	V									
45. Mercury	1									
46. Nickel										
47. Selenium	V									_
48. Silver	<i>\\</i>									
49. Zinc	1									
50. Iron										
Other (describe):										

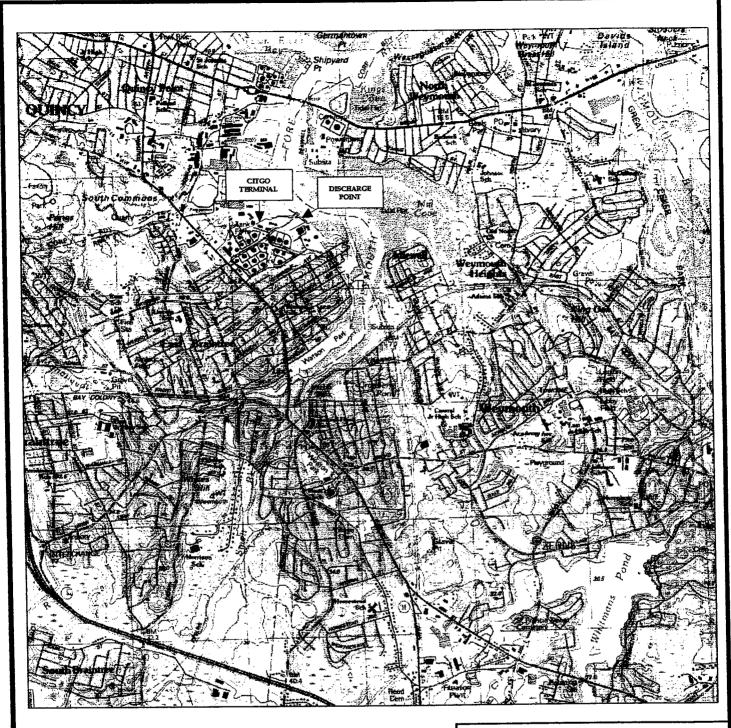
c) For discharges where <b>metals</b> are believed present, please fill out the following:	
Step 1: Do any of the metals in the influent have a <b>reasonable potential</b> to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? YN	If yes, which metals?
Step 2: For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI.  What is the dilution factor for applicable metals?  Metals:  DF:	Look up the limit calculated at the corresponding dilution factor in <b>Appendix IV.</b> Do any of the metals in the <b>influent</b> have the potential to exceed the corresponding <b>effluent</b> limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)?  Y N If "Yes," list which metals:

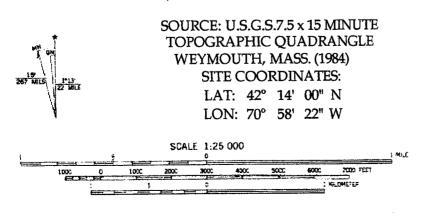
4. Treatment system informa	ition. Please descr	ribe the treatment sy	stem using separ	ate sheets as necessar	y, including:		
a) A description of the treatm	nent system, includ	ling a schematic of t	he proposed or e	xisting treatment syste	em: (See att	ached flya	wes)
Recovery of a	4 51	era d	-1011	0£ 011	istic s	and the	3 10
a rearner	CT 0634	en con	1221VV	011	1	pasacon	- 1
filtration a	nd gra	enulate	d act	sated Co	apan by	ior to di	scharge.
b) Identify each applicable	Frac. tank	Air stripper	Oil/water seg		Equalization tanks	Bag filter	GAC filter
treatment unit (check all that apply):							
	Chlorination	Dechlorination	Other (please	e describe):			
	1_,						
c) Proposed average and ma Average flow rate of dischar							
d) A description of chemical	additives being us	ed or planned to be	used (attach MSI	OS sheets):			
l PA							
5. Receiving surface water(s)	. Please provide i	nformation about the	e receiving water	(s), using separate she	ets as necessary:		,
a) Identify the discharge path	ıway: D	irect Wi	ithin facility	Storm drain	River/brook	Wetlands	Other (describe):
L) Pussida a mamatina danasi				641			<u> </u>
b) Provide a narrative descrip							
Treated ex	Fluent	water	thow:	s via :	gravity	Through	<b>^</b>
Treated et	1 DI)	2020x4	+2	1010	71. T	0.	
30 (0 0)		- 6.1243	(0	weymou	14- 65	re River	_

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:  1. For multiple discharges, number the discharges sequentially.  2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water  The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.
d) Provide the state water quality classification of the receiving water
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving watercfs  Please attach any calculation sheets used to support stream flow and dilution calculations.
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes No If yes, for which pollutant(s)?  Is there a TMDL? Yes No If yes, for which pollutant(s)?
6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.
a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? YesNo  Has any consultation with the federal services been completed? No or is consultation underway? No  What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):  a "no jeopardy" opinion? or written concurrence on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?  Yes No Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes No

ase provide any	v supplemental informa	tion. Attach any analy	tical data used to suppo	ort the application. A	Attach any certification	(s) required by the go	eneral permi
See	attached						
					•		
					-		

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.
a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? YesNo  Has any consultation with the federal services been completed? No or is consultation underway? No  What were the results of the consultation with the U.S. Fish and Witslife Service and/or National Marine Fisheries Service (eheek one):  a "no jeopardy" opinion? or written concurrence on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?  Yes No Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes No
7. Supplemental information. :
Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.
8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Facility/Site Name: CITGO Petroleum / BELD .
OWNER/ Operator signature:  WHITHER EHSS MANAGER  OWNER/  DON ALD GRIFFIN, JR  OPERATOR SIGNATURE  Title: EHSS MANAGER
Title: EHSS MANAGER
$\sim 1.1$







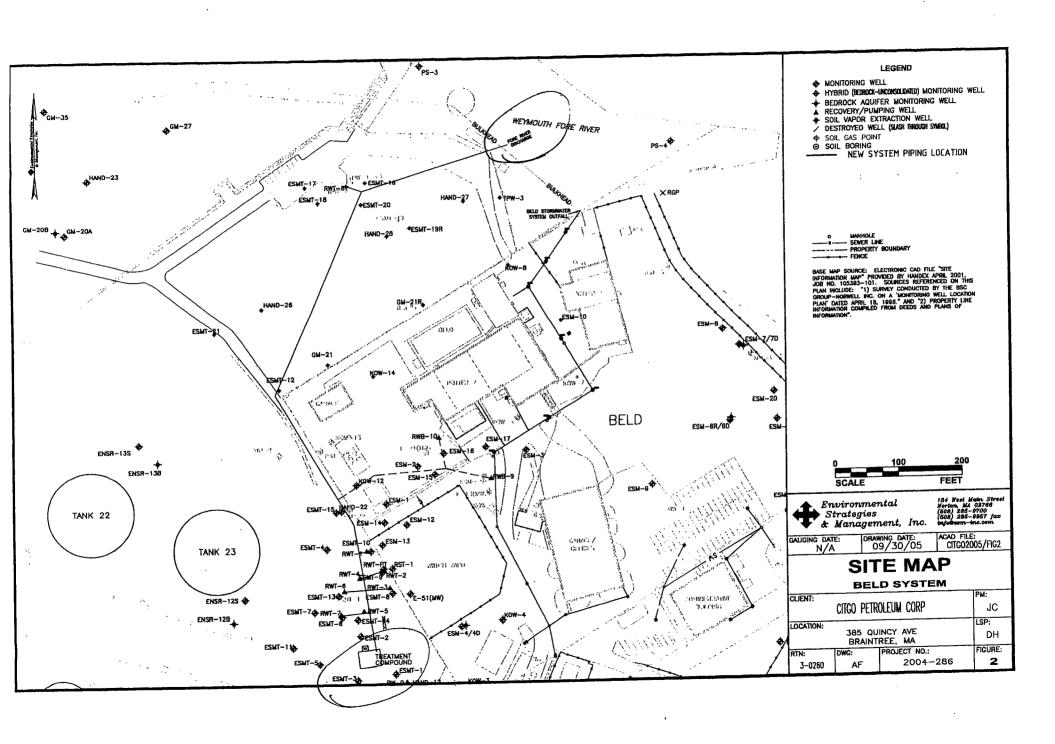
184 West Main Street Norton, MA 0.2788 (508) 285–9700 (508) 285–9957 Jus injudesm-inc.com

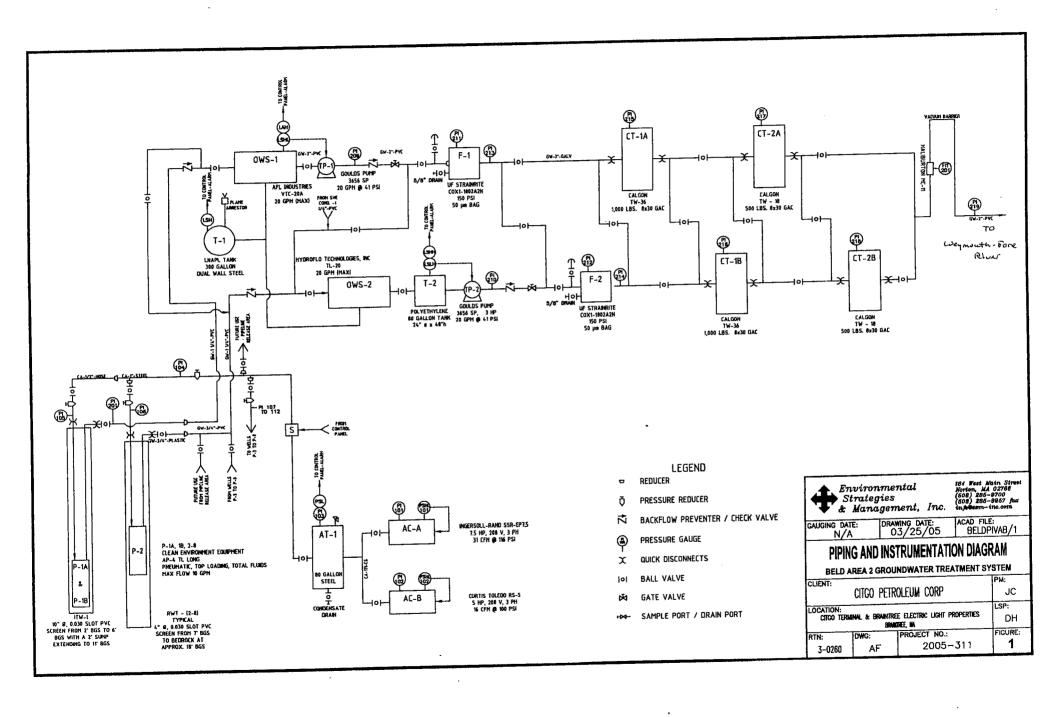
GAUGING DATE: N/A DRAWING DATE: 02/06/04

ACAD FILE: B-C-N LOCUS/CITGO

# CITGO SITE LOCUS MAP

CLIENT:			PM:									
	CICO PETROLEUM PRODUCTS  DOCATION:  385 QUINCY AVE BRAINTREE, MA											
LOCATION:			LSP:									
		DH										
DESIGNED:	DWG:	PROJECT NO.:	FIGURE									
_	AF	2004-258	1 1									





10-07-'05 08:47 FROM-Granite St Analytica

603-434-4837

T-305 P01/04 U-904

# Granite State Analytical, LLC

Main Office / Laboratory 22 Manchester Rd. / Rt. 28 Derry, NH 03038 (603) 432-3044

Lab Contact: Donald A. D'Anjou, Ph. D., Laboratory Director

DATE PRINTED:

10/6/2005

CLIENT NAME:

Resource Laboratories, LLC

CLIENT ADDRESS;

124 Heritage Avenue Portsmouth, NH, 03801

#### CERTIFICATE OF ANALYSIS FOR DRINKING WATER

SAMPLE IDE

0510-00086-001

DATE & TIME COLLECTED:

10/3/05 1:00 pm

SAMPLED BY:

Resource Laboratories, LLC

DATE & TIME RECEIVED:

10/5/05 2:26 pm

SAMPLE LOCATION:

**ANALYSIS PACKAGE:** 

9320-01

RECEIPT TEMPERATURE:

12.2 CELSIUS

**Test Description** Results Test Units Test Falls Analysis Mothod Date & Time Analyzed Analyst MCL Residual Free Chlorine\* <0.13 (H) (8) mg/L SM 4500CI-G 10/5/2005 3:30:00FM

Note: (H) - Sample received ourside of holding time. (S) - Spike result ourside control limits - matrix interferences. This sample meets EPA Safe Water Drinking Act requirements for the parameters tested except as noted under "Test Falis". If the Test Fails EPA Primary - WATER IS NOT SAFE TO DRINK If the Test Fails EPA Secondary - Water may be sesthetically unacceptable but Does Not Fail Test.

MCL = Maximum Contaminant Level \*NELAC Accredited Analysis



de ua. ll Donald A. D'Anjou, Pr.D.

Laboratory Director

This analysis meets NELAC requirements except as noted. This cartificate shall not be reproduced, except in full, without the written approval of Granite State Analytical, Inc. Page 1 of 1

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Lab	55¢		ERS	N	latr	'ix		Pro	locol: Sei Mel	rva		N	IHDE\$		ng		C) MADEP VPH	D VOC 0260 III VOCA015GRO II VOC 624	CT VOC RARO RIEX, MIDE, Napilitaiene only	☐ VOC 524.2 ☐ VOC 524.2 NH LIST	CI PH 8100 CI MEDRO CI 090 4015	FT RZ711PAH 1.3 8270ABN F3 625		O&G SMSF20F	Conductivity	CI 13	M Discolved M	☐ Alminonia 1,1 COD	) Phenal	Fig.	te 13 Orthus P C	Roactive CN 13	ום איז וסדר	TGI, P Pestición   TCLP Horbinides (subcontract)	IQ WAHI Test	Mes dual		Comparilly (C)
Sample ID (Lat the Only)		eld D	# CONTAINERS	WATER	SOLID	OTHER	豆 오	HNOS	H <sub>2</sub> SO <sub>4</sub>	NaOH	MeOH	OTHER (Specify)	DATE	11846		SAMPLER	TI VOC-NH List	וו אסכ מסס כ	T VOC RRIO BTE	J V0€ 524.2 □	☐ 0018 HJ C	T RZMPAH 10	8082 PCB 🗆	T 026 1664 (*) 08G SM5520F	208 C 1800	COLUMN MANDE	J Tolal Malais-lis	7 Ammonia 1.1 (	☐ T-Phosphale ☐ Phenol	Cyarride 13 Sulfida	J Mirale 🗆 Niin	L'I Corrosivity L Roactive CIV	TCLP Weals	1 TGI, P Pesticide	rd Drink	1741	} 	จ
9320-01	CT /	NF	4	V				1				3	10/3/0			TZ						<u> </u>	7		K			"		1			<del> </del>			<u>₹</u>		(4) (c/ch (G)
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Lab Number: 9320-01 Sample Designation: CT INF Date Sampled: 10/3/05 Date Extracted: 10/5/05 Date Analyzed: 10/5/05 Matrix: Water Dilution Factor: 1 Analyst: AJD

# POLYCHLORINATED BIPHENYLS SW 846 Method 3510C/8082A.

	Concentration	Quantitation Limit
	ug/L	ug/L
PCB-1016	U	0.2
PCB-1242	υ	0.2
PCB-1221	U	0.2
PCB-1232	U	0.2
PCB-1248	υ	0.2
PCB-1254	Ū	0.2
PCB-1260	U	0.2

SURROGATE STANDARDS	Recovery	Acceptance Limits
	(%)	(%)
Tetrachloro-m-xylene	58	30-150
Decachlorobiphenyl	70	30-150

U = Below quantitation limit

### METALS RESULTS

Lab Number:

9320-01

6034302100

Sample ID: Date Sampled: CT INF 10/3/05

Matrix:

Water

Analyte	Concentration	Quantitation Limit	Analysis Date	Instrument	Init	Method Reference
	mg/L	mg/L		Dif'n Factor		
Antimony	< 0.006	0.006	10/5/05	1	BJS	E200.7
Arsenic	< 0.01	0.01	10/5/05	1	BJS	E200.7
Beryllium	< 0.004	0.004	10/5/05	<sup>'</sup> 1	BJS	E200.7
Cadmium	< 0.005	0.005	10/5/05	1	BJS	E200.7
Chromium	< 0.05	0.05	10/5/05	1	BJS	E200.7
Соррег	< 0.05	0.05	10/5/05	1	BJS	E200.7
Lead	< 0.01	0.01	10/5/05	1	BJS	E200.7
Mercury	< 0.0009	9.0009	10/5/05	1	BJS	E245.1
Nickel	0.1	0.05	10/5/05	1	BJS	E200.7
Selenium	< 0.05	0.05	10/5/05	1	BJS	E200.7
Silver	< 0.007	0.007	10/5/05	1	BJS	E200.7
Thallium	< 0.002	0.002	10/5/05	0.5	BJS	E200.7
Zinc	< 0.05	0.05	10/5/05	· 1	BJ\$	<b>E200.7</b>

Project ID: BELD 2005-311

Lab ID: 9320

Lab Number: 9320-001 Sample ID: CT INF Matrix: Water

Sampled: 10/3/05 13:00

Parameter:	Result	Quant Limit	Units	instr Dil'n Factor	Analyst	Prep Date	Analysis Date	Analysis Time	Reference
Cyanide, total Total Suspended Solids (TSS)	< 0.02 < 20	0.02 <b>2</b> 0	mg/L mg/L	1	APA APA	10/5/05 N/A	10/5/05 10/5/05	N/A N/A	E335.2 E160.2

PAGE 02

PAGE	OF

ות				ce Laboratories, LLC  Avenue • Portsmouth, NH 03801													HA! VD	IN-	OF VA	-C LYS	US SIS	TO! RE	QL	JES	<u> 3T</u>										تسوين	
KI	124 H Phone	eritag	ge A	venu	e •	Port	tsmo	uth, l	NH (	)380 nn	1												A	NA	YS	SIS	RI:	QŲ	Œ	II,						
Company Na Company Ad Project Mana								Phon	ne #:	~~	0)	State)	285-9 85-9 11 12 12 13 13 13 13	700 7957 A		1EGRO	JC 624	only		5 O EPH		909			Aetals   TAL Metals	Is-list				Sulfate   Bromide  Chloride	☐ Reactive S- ☐ Ignitibility/FP	S. (subcontract)	(00000000000000000000000000000000000000	( Chloine	· .	
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Lab	-3 +61				atr			Pre	ser Vlet	vai	ion	1		mpling		MADEP V	VOC8015GR	, MtBE, Nap	VOC 524.2	MEDRO	270ABN [	8081 Pestir	Conductivity	ST 🗆	Priority !	t 🖰 Disso	000	☐ Phenol	ullide	rite 🗆 Ord	Reactive C		king Water T	Residua	,	Composite (C)
Sample ID (Lab Use Only)	Field ID		# CONTAINERS	Y WATER	GITOS	OTHER	ÖH	NH &	H <sub>2</sub> SO <sub>4</sub>	NaOH		(Specify)	PATE DATE	HWIL /3:00	SAMPLER	□ VOC-NH List □ MADEP VPH □ MEGRO	□ VOC 8260 □ VOC8015GR0 □ VOC 624	□ VOC 8260 BTEX, MBE, Naphthalene only	□ VOC 524.2 □ VOC 524.2 NH List	□ TPH 8100 □ MEDR0 □ DR0 8015 □ EPH		K 8082 PCB □ 8081 Pesticides □ 608	008	ST □ SOT □ SST 🖪 🗶	C D RCRA Metals Priority Pollulant Metals	tsi → Dissolved Metals-list → Dissolved Metals-list	□ Ammonia □ C0D	□ T-Phosphate □ Phenol	V Scyanide □ Sulfide	□ Nitrale □ Nitrile □ Ortho P □ Sulfate	, □ Corrosivily □ Reactive CN	☐ ICLP Weals ☐ ICLP VOC ☐ ICLP SOUC	☐ Slandard Drinking Water Test	X 70/21		(\$) (8) 0t (\$)
TAT REQUE Priority (24 hr) Expedited (48 10 Business D	hr) ☐ E-Mail A							_   R		PITI	NG I	NSTI	CTIONS RUCTIONS OTHER										ECEI				E	□ Y	'ES		NO .°C	La	ab Us	e On	ly	
	PO #	Relingi	uishe	d by	Sam	pler:						Γ	Date	Time				d by:														Da			Time	
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Principal, General Manager

# **Laboratory Report**

Joe Callahan Environmental Strategies & Management 184 West Main Street Norton, MA 02766	PO Number: None LabID: 9046 Date Received: 8/1/05		
Project: Beld 2005-311			
Attached please find results for the analysis of the san	nples received on the date referenced above.		
Unless otherwise noted in the attached report, the ana Resource Laboratories, LLC Quality Assurance Plan. are based upon USEPA SW-846, USEPA Methods for Standard Methods for the Examination of Water and V methodologies.	The Standard Operating Procedures (SOP) r Chemical Analysis of Water and Wastewater,		
Resource Laboratories, LLC maintains certification with the agencies listed below.			
We appreciate the opportunity to provide laboratory set the enclosed report, please contact the laboratory and			
Sincerely, Resource Laboratories, LLC	8-12-05 Date		

#### **Resource Laboratories, LLC Certifications**

New HampshireNH902ConnecticutPH-0146MaineNH903MassachusettsM-NH902

`Total number of pages

Lab Number:	9046-01
Sample Designation:	CT INF
Date Sampled:	8/1/05
Date Extracted:	8/3/05
Date Analyzed:	8/9/05
Matrix:	Water
Dilution Factor:	10
Analyst:	AJD

## TOTAL PETROLEUM HYDROCARBONS

SW 846 3510C/8100 modified

SURROGATE STANDARDS	Recovery	Acceptance Limits
2-fluoro biphenyl o-terphenyl	(%)	(%)
	#	40-140
	#	40-140

<sup># =</sup> The surrogate could not be determined due to co-eluting hydrocarbons present in the sample.

U = Below quantitation limit